THE HAMPDEN HIPPOCRAT

The Hampden District Medical Society Newsletter

SPRING 2006 VOLUME 15

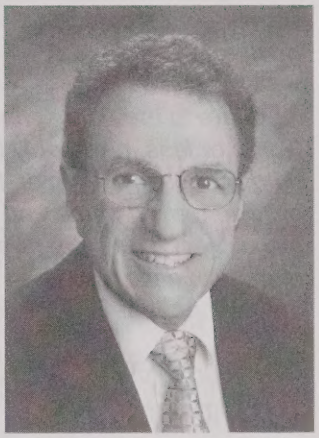
President's Annual Message:

Hurry!
The Train is leaving the Station.
You need to be on it!

(But is it really on the right track??)

Bombarded. Over the past ten to fifteen years I have been bombarded, as I suspect you have, with the admonition to "Hurry! The train is leaving the station. You need to be on it." This injunction has usually reached me from either the business world or the insurance industry. This command is framed to produce an emotional response urging us to jump on the bandwagon. It evokes the thought that we will be left out if we don't join. It insists further considerations of important matters be cut off short. Conversely, in science, the opposite is the case. Hypotheses must be made, tested, retested by other groups, confirmed and only then and over the necessary amount of time, hypotheses become theories and theories become fact. When these necessary processes are overly rushed, errors occur. And in the field of the arts and humanities, great works require effort over time. Our beloved profession of medicine is a combination of both art and science. And so my point here is to urge all of us, myself included, to take as much time as we want and need to decide whether an initiative in any given area is worthwhile. We may at the end be certain, or we may at the end be uncertain. But at least we should take adequate time to establish our conclusions carefully and not be stampeded by committees, frequently using "groupthink", to tell us to "Hurry; the train is leaving the station; you need to be on it."

Two examples come to mind. While I very much respect Governor Romney and President Bush, I wonder why they are so convinced that electronic medical records will solve so many of our problems. My own observations demonstrate how the opposite effect may occur. As I in my daily work observe individuals rushing, rushing to type data on key boards such as patients' names or insurance numbers, what I see is frequent errors, retyping and retyping thus consuming more time and potentially introducing more errors. It may be that because the record will be legible, what may be easy to read may be errors. And so in the area of pay for performance. Although in some fields paying more money may produce better performance, I have a strong underlying doubt that my colleagues will do a better job if they are paid a few pennies more to do better. And it seems to me "risk stratifying" percentage goals for ordering screening tests may be near impossible to achieve accurately; and may have little to do with individual physicians' management of their patients.



Mark M. Sherman, M.D.
President 2005-2006

Please do not misunderstand me. I look forward to the future, I enjoy new and useful technology (I love my GPS, e-mails, stereo music, cell phones and the like), and I am an inert optimist: I favor forward motion. My only request is that the next time someone attacks you with the phraseology "Hurry; the train is leaving the station; you need to be on it," that you ask yourself a) Is the train on the right track; b) do I want to travel there by train at all, or would I prefer an airplane, automobile, bicycling, or walking; c) would tomorrow be a better day for the train than today; d) do I want to go on this train; e) will the train make it there; and f) do I want to go where this train is going to try to go?

Let's all take the time to think critically.

Respectfully Yours,
Mark M. Sherman, M.D.
President

Dr. Sherman congratulating Dr. Lori Meade, recipient of the Dr. Oliver Wendell Holmes Stethoscope Award.

LETTER POLICY

The "Hampden Hippocrat Newsletter" is the news media of the Hampden District Medical Society and would like to become the forum for sharing information and opinions amongst the members, for whom it is being created. Any article printed expresses the opinion of the author and should not be construed to imply endorsement by the Society.

Letters to the editor should be approximately 250 words or less, preferably typed in Word and sent to hdms@massmed.org or, fax to (413) 731-8990. Please provide the full name and address of the writer. All letters are subject to editing. Please note, the Editor is not responsible for typos and if any corrections are needed, they will appear in the following Newsletter.

Mail your article to: The Hampden Hippocrat
1111 Elm Street, Suite 22 West Springfield, MA 01089-1540

CORRECTION

Dr. William McKeon was incorrectly listed in the MEMORIAM column in the last issue of the Hippocat newsletter. The correct name should have been Dr. Kenneth I. McEwen.

Dr. McKeon called to say that he's alive and well. Our apologies.

LETTERS TO THE EDITOR

In cleaning out old records I came across my MMS and HDMS dues invoice and thought that you might find them interesting.

The year was 1956, my first year in practice. This is what inflation does.

MMS: $ 35.00 HDMS: $10.00.

Sincerely,
Dr. Samuel Hellerman

LETTER OF THANKS

Dear Dr. Sherman and Members of
Hampden District Medical Society,

I know that I speak for all of the members of the Louisiana State Medical Society in expressing deep appreciation to the Hampden District Medical Society of the Massachusetts Medical Society for your donation to help assist our displaced members in re-establishing their practices in the aftermath of Hurricanes Katrina and Rita.

Overcoming the tragedy of these two events takes character and something else that is equally valuable – the support of friends that you can count on. The physician community nationwide and the organizations that represent them truly stepped forward during this stressful period with support and encouragement that will never be forgotten. No contribution is too modest to help our physicians where they need it most, especially when it comes with such heartfelt wishes and concern for the challenges we face.

The primary objective of the Louisiana State Medical Society and our fellow associations in the affected Gulf Coast region is to work to restore the healthcare infrastructure by helping physicians to rehabilitate and reopen their practices. The Hampden District Medical Society through your donation has become an important partner in reaching this objective and assisting colleagues to put their careers back on track.

Sincerely,
Dr. Floyd A. Buras
President, LSMS

My Trip Back East

Now living in Northwestern California, I returned to Springfield for the HDMS winter meeting on January 24th, via New York City, where I visited Michael, one of my 2 sons. I and my wife, Luciana chose to do the rest of the journey by train, a 4 hour ride through southern New England. Approaching Springfield as the train was riding along the Connecticut River, a strange sensation criss-crossed my body and certainly heart rate and blood pressure were affected. Still the sensation was pleasant.

Indeed it was 1960 when I reached this area for the first time, by car then, having accepted a position as "hospitalist" at the Wesson Memorial Hospital (Baystate Medical Center). Since that time for 32 years I practiced general internal medicine at Wesson surrounded by magnificent colleagues, efficient nurses, while hospitals turned out to be my second home.

I retreated in 1993 to Cape Cod, then to Rome Italy, my city of birth, only to go back to California where by now my second son Paul was fathering 4 children.

In California I am having some satisfaction while working in the Department of Sports Medicine at University of California, Davis Medical School. Still the look from the train of my Springfield, covered by snow, almost still due to the cold and with my very dear Mount Tom to the north, where so often I used to carry my sons to enjoy skiing, was a moving sight, to say the least.

To the taxi driver carrying us to the Hotel, I actually requested a longer and detailed tour through town and I looked back to the impressive Bay State Medical Center, to my old offices and also to what is now left of the Wesson Memorial Hospital. I was indeed moved to my depth. No other place is capable of providing me with such warm sensations, neither Rome, my city of birth, nor California and not even Rio de Janeiro, birth place of my wife and where I was dreaming in the past to possibly retire. Truth is that my heart, my soul and possibly the best part of myself are at home in Springfield and all of its surroundings from Longmeadow to Chicopee, which I used to call smiling," Chicopee Les Nains".

As houses began to light up in the evening I had to remember my "house calls" realizing that after my request to "light up your door so as to facilitate my detection of the correct address", well most houses in the target street were all equally lighted.

At the meeting, I was pleased of having seen so many of my colleagues in excellent form. Is this due to appropriate exercise or is it the cool temperatures of the region keeping the human structures in excellent shape?

Back in California now, let me envy those who brave the snow of Hampden County. As far as myself I think I will change the words of an old famous song "I left my heart in San Francisco" in reverse to i.e. "I left my heart in Hampden District".

Thank you again for having invited me to the meeting of January 24th,

Yours truly,
Franco Navazio, M.D.
1979-1980 Past- President

MEDICAL RECORD DOCUMENTATION
"YOU'RE PERFORMING THE SERVICE, WHY NOT GET CORRECTLY PAID"

Hampden District Medical Society recently invited Ann Potwin, Provider Education and Training Nurse Analyst, of the National Heritage Insurance Company, New England Medical Review, to present a Medicare Part B educational program to a large group at both Mercy and Holyoke Medical Centers.

The physicians and office staff attending had the opportunity to learn and ask questions of a Medicare expert at no charge.

Ms. Potwin provided the group with strategies to improve reimbursement efficiency, how to resolve Medicare denials, and covered the provider's role in the program and the types of insurance plans that prevent Medicare from paying primary benefits.

The participants learned about new technological and educational Medicare initiatives and the correct use and application of modifiers for billing Medicare Part B. They also learned about the most recent changes and ways to define the 5 levels of the appeals process; designs for new or intermediate billers; and covered the completion of the CMS 1500 claim form.

The CMS Internet Only Manual (IOM) is the best resource for MEDICARE requirements. It is a valuable tool in determining what the rules and regulations are for services provided to Medicare patients. The internet address for the CMS Manual is:
http://www.cms.hhs.gov/manuals/.

The publication specifically addressing Evaluation & Management Services provided to Medicare patients is the CMS Manual Publication: Medicare Claims Processing Manual, Publication 100-4, Chapter 12, S30.6 (Evaluation and Management Service Codes – General).

TIME as an Ancillary E & M Component:
In an office setting, face-to-face time is defined as: only that time that the physician spends face-to-face with the patient and family. This includes the time in which the physician performs such tasks as:
_ obtaining a history,
_ performing an examination,
_ counseling the patient

Evaluation and Management (E/M) Services
In addition to medical necessity and reasonableness of an E & M service, the components of:
_ History,
_ Examination
_ Medical Decision Making are the **3 key components** in selecting the appropriate level of service.
History (Hex) Key Component:
Problem Focused (PF)
Expanded Problem Focused (EPF)
Detailed (D)
Comprehensive (C)

History of Present Illness (HPI):
A chronological description of the development of the patient's present illness from the first sign and/or symptom to the present.
Review of Systems
An inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms that the patient may be experiencing or has experienced. Ancillary staff may record the ROS or it may be a form completed by the patient, however, there must be documentation by the physician supplementing or confirming the information recorded by others.
Upon Initial Call
As an attendee, I was shocked to learn how many physicians are not getting paid monies owed them because of incorrect documentation on medical records.

The best advice that I took away from the session was a tip from Ms. Potwin. Each office should create a **"Medical Necessity Form"** to be used by the reception area so when a patient makes the initial call for an appointment, that day's complaint is documented on the "Form" and placed in the patients chart. Why? Because when the patient sees the doctor, the chief complaint might be different, possibly lowering the level of payment. **You're performing the service, why not get correctly paid?**

By: Suzanne Skibinski

Annual Meeting
Overdosed America
Date: April 25, 2006
Place: Springfield Country Club, West Springfield
Time: 6:00 pm • Speaker: Dr. John Abramson

13th Annual Medico-Legal Forum for Physicians and Attorneys
Date: May 31, 2006
Place: The Log Cabin Banquet House, Holyoke,
Time: 6:00 P.M.
Speaker: Margaret Mitchell, Chief Justice,
Massachusetts Supreme Court

GUEST EDITORIAL

By: Dr. Dennis Gordan

Western Massachusetts, and Springfield in particular, have not had much good press lately. From city finances to levels of particulates in the atmosphere, it often seems that things just could not get worse. Then comes the next day's news. The fact that the house your twin bought in Boston (for the same price you paid here, when you both were in the market in the late 1970's) now sells for five times what yours could bring, is just that much more salt in the wound. Forget about recruiting physicians.

It was after just such thoughts that the proofs for this newsletter hit my computer, among them an unexpected antidote for all the above: Dr. Navazio's letter. I hope you read it and get the same lift I did. Here is someone who left this area years ago, for Cape Cod, Rome, and now California, the greenest of the green pastures about which many a Hampdenite dreams on a gray February day. Yet he still feels that this place is warmer, and brighter, and friendlier than any of the others, and thereby, dearest to his heart.

Thank you,
Dr. Navazio

Fall District Meeting

Opening Night: Skating with the Falcons Hockey Team, Prior to the Game

Date: October TBD 2006 • Time: 6:00 – 9:00 pm
Place: MassMutual Center, Springfield

22nd Annual Medical Ethics Seminar

Date: October 26, 2006 • Time: 6:00 – 9:30 pm
Place: Mercy Medical Center
Emergency Preparedness

Contributions to the Hampden District Medical Society Scholarship Fund would be most welcome…

Through your generosity HDMS will be able to continue helping medical students. Any amount you give will be greatly appreciated.

Please make donations to: **HDMS Scholarship Fund**
Mail to:
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089-1540

The Society wishes to thank Mrs. Geraldine Freeman, Dr. Max Millman's sister-in-law for her generous donation to the Dr. Max & Ida Millman Foundation

DR. CLAUDIA MARTORELL BECOMES CRI'S NEW ASSOCIATE DIRECTOR

Dr. Claudia Martorell, a board-certified Infectious Diseases physician with a Masters of Public Health and a Fellowship in Minority Healthy Policy from Harvard University, and Chair of the Society's Public Health Committee, has become the new Associate Director of (CRI West) Research Community Research Initiative of New England.

Dr. Martorell has taken over the Springfield infectious disease practice of Dr. Anne B. Morris. Dr. Morris died last August of a heart attack while participating in a fund-raising swim in Maine for the Community Research Initiative in Boston.

Julia Marston, CRI's Executive Director said, "We are grateful and extrememely pleased that Dr. Martorell will provide a seamless transition in continuing Dr. Morris' legacy. As CRI's new Associate Director of Research in Western Mass., her clinical and research knowledge and, in particular, her deep commitment to reach women and people of color who have had limited access to life-saving drug trials and care, make Dr. Martorell a perfect fit for our organization and a great care provider in one of the hardest-hit cities in the Commonwealth."

Prior to her appointment as a Consultant/Clinical Investigator at CRI, Dr. Martorell quickly became known for her leadership role in infectious disease research and treatment, her compassionate medical care, and her long-standing commitment to serving the underserved in the medical and public sector.

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Dr. William Plested, AMA President-Elect, Whirlwind Tour

AMA President-Elect William Plested, MD, accompanied by his wife Carolyn, met with five groups on his whirlwind tour of the Springfield area.

First, Dr. Plested spoke with HDMS physicians at their 165th Anniversary dinner on January 24th. He addressed topics ranging from pay-for-performance to HMOs to pharmaceuticals.

On the 25th, Dr. Plested met with the medical staffs of Mercy Medical Center and Holyoke Medical Center to talk about pay-for-performance. He made two important points. First, he said quality improvement is not a new idea - it has existed since the dawn of organized medicine. And second, physicians should define quality and "performance" - not profit-driven HMOs or Medicare.

Also, Dr. Plested spoke with a few hundred allied health students at Springfield College. He emphasized the importance of a "team approach" in the delivery of 21st Century healthcare.

And finally, he spoke with the Kiwanis Club about how community leaders can - and must - promote dialogue to help us find solutions to the many problems our healthcare system faces.

Also, Dr. Plested gave two interviews with local broadcast affiliates and had a front-page write-up in the Republican.

Dr. Plested asked to use this brief write-up to say a sincere, "Thank you," to Hampden District physicians, staff and AMA members. He said that he and his wife "felt very much at home with the folks in Springfield."

By: Nate Osburn
AMA Leadership Communications

WELCOME NEW MEMBERS

ANESTHESIOLOGY

Andre Bell, Holyoke Medical Center, Holyoke, 534-2500
Maureen Czick, Springfield Anesthesia Service 908 Allen Street, Springfield Office phone: 796-7494
Suzette Dambois, Springfield Anesthesia Service 908 Allen Street, Springfield
Muhammad Isa, Springfield Anesthesia Service 908 Allen Street, Springfield
Srinivasa Gutta, Springfield Anesthesia Service 908 Allen Street, Springfield
Richard Juda, Springfield Anesthesia Service, 908 Allen St., Springfield
Mamatha Kadiyala, Springfield Anesthesia Service 908 Allen Street, Springfield
Peter Kaskel, Springfield Anesthesia Service 908 Allen Street, Springfield
Maher Khatib, Springfield Anesthesia Service 908 Allen Street, Springfield
Ravi Kumar, Springfield Anesthesia Service 908 Allen Street, Springfield
Marc Lopez, Springfield Anesthesia Service 908 Allen Street, Springfield
Tanya Lucas, Springfield Anesthesia Service 908 Allen Street, Springfield
Poornachandran Manikantan, Springfield Anesthesia Service, 908 Allen Street, Springfield
Thenu Maikantan, Springfield Anesthesia Service 908 Allen Street, Springfield
John Pak, Springfield Anesthesia Service 908 Allen Street, Springfield
Rebekah Scotch, Springfield Anesthesia Service 908 Allen Street, Springfield
Sajed Shahul, Springfield Anesthesia Service 908 Allen Street, Springfield
Mary Jo Travis, Springfield Anesthesia Service 908 Allen Street, Springfield

FAMILY MEDICINE

Mary Bartley, South Hadley Medical Assoc. 470 Granby Road, So Hadley , 533-3926

GASTROENTEROLOGY

Nicholas Katzen, Holyoke Internists, 2 Hospital Dr., Holyoke, 534-8800
Ricardo Romero, BMC 759 Chestnut Street, Springfield, 794-3570

INTERNAL MEDICINE

Thomas Lincoln, Brightwood Health Ctr., 380 Plainfield St., Spfld., 794-4458
Asimah Qayyum, IM/Infectious Disease Hampden County Physician Associates 2377 Boston Road, Wilbraham, 596-4211
Hyan-Young Park, RiverBend Medical Group 305 Bicentennial Highway, Springfield, 733-4101

NEPHROLOGY

George Fares, 300 Stafford Street, Ste 253, Springfield, 787-0090

OB/GYN

Carrie Bell, Wesson Women's Group, 3300 Main St., Springfield, 794-5256
Jane Lyons, Baystate OB/Gyn, 2 Medical Center Dr., Spfld., 794-8484
Christopher Ollari, Baystate Ob/Gyn, 2 Medical Center Dr., Spfld., 794-8484

PEDIATRICS

Hal Jenson, Chief Academics Officer Pediatrics, Senior V.P. Academic Affairs, BMC, Div. Academic Affairs, 794-5588
Beata Puri, (not practicing at this time)

RADIOLOGY

Laura Gianturco, Radiology & Imaging, 780 Chestnut St., Springfield, 796-7494
Wayne Gilbertie, Radiology & Imaging, 780 Chestnut St., Springfield
Mario Grosso, Radiology & Imaging, 780 Chestnut St., Springfield
Christopher Moore, Radiology & Imaging, 780 Chestnut St., Springfield
Stephen O'Connor, Radiology & Imaging, 780 Chestnut Street, Springfield
William Poole, Radiology & Imaging, 780 Chestnut Street, Springfield
Istvan Pulai, Radiology & Imaging, 780 Chestnut Street, Springfield

SURGERY

Viriato Fiallo, Pioneer Valley Surgical Associates 2 Medical Center Dr., Suite 404, Springfield
Andrew Karanas, 75 Springfield Road, Westfield
Mariluz Rivera-Hernandez, BMC 759 Chestnut Street, Springfield, 794-000
Samir Mujalli, RiverBend Medical Group, 444 Montgomery St., Chicopee, 594-3111

RESIDENT/FELLOW
BAYSTATE MEDICAL CENTER

Joel Abraham, IM
Soukaina Adolphe, Pediatrics
Abayomi Agbebi, IM
Elizabeth Armstrong, Med/Peds
Fazeena Ashraf, IM
Brian Banker, Med/Peds
Raquel Belforti, IM
Angelica Belo, IM
Oren Brody, IM
Peter Butler, IM
Rukshana Cader, IM
Jennifer Camas, Med/Peds
Todd Capizzi, IM
Aixa Caraballo, IM
Beth Carter, Med/Peds
Carmel Celestin, IM
Lee Chadrick Chua, Med/Peds
Robert Comer, Med/Peds
Khaled Dahche, IM
Ingrid Dunn, OB/Gyn
Diana Ferris, IM
Courtney Flanagan, IM
Vijay Francis, IM
Tina Furcolo, IM
Tara Futrell, Med/Peds
Kenneth Galloway, Med/Peds
Sharon Graham, IM
Tracy Green, IM
Spencer Haller, Med/Peds
Rohini Harvey, Med/Peds
Warren Ho, IM
Harry Hoar, Pediatrics
Todd Hope, Med/Peds
Albert Hsu, OB/Gyn
Peter Hulsey, IM
Melina Irizarry-Acosta, IM
Prathima Kanumuri, Surgery
Birungi Kayiira, IM
Thabo Kenosi, IM
Mahi Khan, IM
Venkata Kodali, IM
Sandhya Kommana, IM
Victor Korang, IM
Basil Lau, IM
Simon Li, Med/Peds
Esther Lu, IM
Patrick Mackey, Med/Peds
Abid Mahsud, IM
Jose Martagon-Villamil, IM
Darren Martin, Med/Peds
Andrew Moore, OB/Gyn
Timothy Mulligan, IM
Jennifer Neal, Med/Peds
Yekatherine Puello, Med/Peds
Joshua Rifkind, IM
Mario Rodenas, IM
William Rothwell, Med/Peds
Perrie Ryan, IM
Reham Shaaban, IM
Duha Shaheen, IM
John Tsongalis, Med/Peds
Alireza Vaziri, IM
Anunta Virapongse, IM
Michal Wall, IM

SENIOR MEMBER
Oscar Nepomuceno, Internal Medicine

ATTENTION!!!
DOCTORS!!!
ATTENTION!!!

Don't forget to contact the HDMS office if you change your medical office/practice address to be sure your file is updated.

3rd ANNUAL FAMILY NIGHT

The Society's 3rd Annual Family Night, "Fun with Dr. Seuss" and "Prevention of Abuse" was held on September 24th under the tent at the Dr. Seuss National Memorial Sculpture Gardens at the Springfield Library and Museums.

The CME/Risk Management Program "Prevention of Abuse" consisted of panel members, Dr. Susan Cary, Child & Adolescent Psychiatrist of Wilbraham MA. Dr. Cary spoke on Child Abuse; Carmen Nieves, Community Educator at Womanshelter/Companeras, spoke on Domestic Abuse; Ann Sabato, Protective Services Coordinator of the Greater Springfield Senior Services, spoke on Elder Abuse; Dr. Thomas Hewttt, Medical Director at the Providence Behavioral Health Hospital, spoke on Substance Abuse through the ages; and Mike Kirby, Safety Officer on the Longmeadow Police Department, spoke on Teen Substance Abuse.

Upon completion of the Program, the participants were able to recognize the "warning signs" that a patient is abusing substances, learned the co-morbid psychiatric illnesses often present in the substance abusing patient, and learned how to recognize the different aspects of abuse through the life spectrum.

"Fun with Dr. Suess"

Lon Cerel, magician and comedian, who performs theatrical illusions combined with demonstrations of Extrasensory Deception, highlighted the children's evening by creating all sorts of shapes and designs out of balloons.

Lon Cerel, magician and Monika, Daughter of Dr. Theresa Klich-Nowak

Free Child ID Kits

As part of National Masonic Child Identification Program, the Masons of Western Massachusetts provided child identification kits to the children. The free kits for youth ages 18 and younger included a three-minute video interview of each child, fingerprints, and a tooth print with salivary scent tracer and DNA cheek swab.

Masons fingerprinting children.

Hampden District Medical Society Families

Dr. Susan Carey and Family

Drs. Scott and Michele Barnet and Family

Dr. Maria Hill & Family

Drs. Robert Salva-Otero and Claudia Martorell and family.

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2005 Award for Distinguished Service to The Massachusetts Medical Society

Dr. Claudia L. Koppelman, was presented the "2005 Award for Distinguished Service to the Massachusetts Medical Society" at the Society's Interim Meeting of its House of Delegates on Dec. 3, 2005, at the Westin Waltham Hotel.

The award is given by the Massachusetts Medical Society to a member physician who has demonstrated a strong commitment to the goals of the Medical Society through leadership and committee work.

In presenting the Award, Dr. Alan Harvey, President of the MMS said, "She has proven to be a leader who leads by motivating others to be active and believes that, as a group, we can influence the future. She is a leader who isn't afraid of challenge, listens and respects other's opinions. She knows the difference between leading and following and, most importantly, possesses the ability to apply that knowledge appropriately. By her leadership, her commitment, her willingness to share her talents, and her participation in all aspects of Organized Medicine, she has set a wonderful example of service for all members and physicians alike."

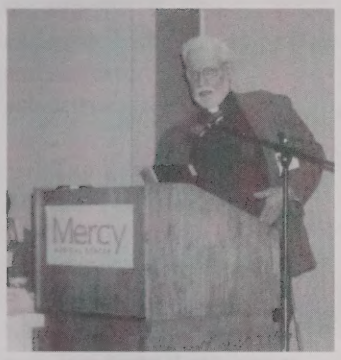
Since opening her solo private practice in 1989, Dr. Koppelman has taken time from her busy practice to advocate on behalf of patients and physicians. As an active member of Hampden District Medical Society and the Massachusetts Medical Society she has contributed many innovative ideas to the goals of organized medicine.

In addition to serving as a delegate to the Medical Society's House of Delegates for the last 11 years, Dr. Koppelman is an active member of the Medical Society's Board of Directors, Committee on Nominations, and Finance Committee. She has also served on the Committee on Women in Medicine, Member Services Committee, and a number of Task Forces. Since 2001 she has served as the appointed Chair of the Committee on Strategic Planning.

The Society congratulates Dr. Koppelman for all her dedicated hard work on behalf of her colleagues. She was recognized by the District at the January 24, 2006, winter district meeting.

By: Suzanne Skibinski

22nd Annual Medical Ethics Seminar Alternative Medicine and Professional Ethics



Keynote Speaker,
Dr. James Bresnahan

Dr. David Longworth

The 22nd Annual Medical Ethics Seminar, Alternative Medicine and Professional Ethics, was held on October 24, 2005, at Mercy Medical Center in Springfield.

Continuing medical education credits were awarded to physicians, nurses, physician nursing home administrators, social workers, clergy, pastoral care and other health care providers.

Dr. James F. Bresnahan, Professor Emeritus in Medical Ethics & Humanities & Medicine at Northwestern University Feinberg School of Medicine in Chicago, was the Keynote speaker.

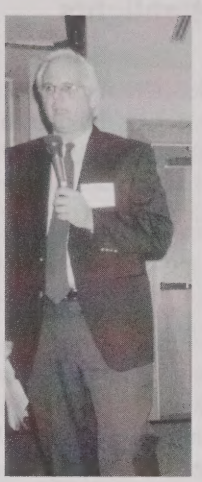
Dr. Bresnahan, born and reared in Springfield, is the author of "Religious/Spiritual Concerns in Caring for the Cancer Patient" and "Ethical Issues in Cancer Patient Care."

Dr. Bresnahan pointed out that the spiritual care offered by chaplains – who respect the differing religious and spiritual commitments of their patients and seek to help each one without compromising their own deeply held commitments – offers an analogy to certain medical problems faced by physicians. For example, some requests by patients, requests often based on deeply held moral or religious convictions, for certain non-traditional "medical" interventions, present doctors with similar dilemmas, whose solution represents medical progress. He said, "I have been told by a skilled cardiac surgeon that it was efforts to respect the consciences of Jehovah's Witness believers that led to the invention of the "cell saver," which rescues blood during an operation and which at least some JW believers are able to accept as not violating their religious objections to "transfusions".

He emphasized the importance for physicians of really exploring seriously their own deepest convictions, equivalently "religious," in that they involve what is of "ultimate concern" to them. This can help them understand better, and at least respect, the very different views of their patients, without compromising their own convictions. Dr. Bresnahan asked, "When can we find ways to cooperate, which may lead to discovery of new ways to handle conflict and to achieve cooperation, VS when we are forced to "resign" the patient to another care-giver"?

Dr. David Longworth, Chair of the Department of Medicine at Baystate, reviewed the Physician's Hippocratic Oath, outlining the four key principles which govern decision making, i.e., respect for person, non- maleficence, beneficence, and justice. He also spoke on the ethical principles which should govern the physician's response to alternative medicine.

Dr. Mohammed Bajwa, a Committee member, provided two handouts, "Factors that Shape Alternative Medicine" and "Physicians' Ethical Obligations Regarding Alternative Medicine."



Reverend
Martin Montonye

Kathleen Duffy, a nurse, medical herbalist, and owner for the past 30 years of the Herbarium in Chicopee, spoke on complimentary and alternative medicine in the United States. Ms. Duffy gave an overview of the Massachusetts Board of Nursing Advisory ruling for alternative practices for nurses.

Reverend Martin Montonye, Manager of Social & Spiritual Services at Baystate Medical Center, provided the results from a 2000 Baystate Medical Center survey, "Comprehensive/Alternative Medicine Practice Inventory." Results back in 2000 indicated that physicians were most frequently asked about chiropractic, herbalism and nutritional therapies, as well as acupuncture. Reverend Montonye indicated that if the Survey were to be taken today the results of physicians recommending alternative treatment would be much higher.

Kimberly Ladue, a registered nurse, spoke on the ethical dilemmas in nursing and a new emerging holistic paradigm.

James Moran, a licensed acupuncturist and practitioner of oriental medicine, spoke on the benefits of acupuncture and the successful results that President Nixon received on a trip to China during his presidency.

Mr. Moran is Contributing Editor of The Encyclopedia of Complementary Health Practice and has given expert testimony on the Status of Oriental Medicine in America to the Arkansas State Legislative Subcommittee on Health Care. Mr. Moran has given lectures on acupuncture in the treatment of substance abuse at several health care facilities. He is presently practicing at Baystate Medicine Center and Belchertown Wellness Center.

By: Suzanne Skibinski

BRIDE AND GROOM TIE KNOT at BMC

The setting: the chapel at Baystate Medical Center. The bride: a high-risk pregnancy patient. The groom, a great-nephew of the late civil rights activist Rosa Parks. The best man: Dr. Glenn R. Markenson, also the brides attending physician.

Most of the 35 guests of the couple, Paulette Powell and Cleotha Parks, were hospital personnel, who, upon learning of it, embraced the idea of helping Paulette (who had been in the hospital for a long time) with the wedding.

The nursing staff took care of everything; makeup, flowers, photography, cake, and food for a reception that was held in a hospital waiting area.

The couple's daughter was born in December, and both the bride and groom expressed a deep measure of gratitude to Dr. Markenson and the staff at Baystate.

JANUARY 24, 25th
2006 Winter District Meeting Highlights

Dr. William G. Plested became the 66th consecutive AMA President-Elect to address the HDMS at its winter meeting, held at the Best Western Hotel in West Springfield on Tuesday, January 24th, 2006.

To help celebrate Hampden District Medical Society's 165th "Birthday Party", 130 member physicians and spouses, past presidents, state legislators and their staff, MMS past presidents, AMA dignitaries, and other guests attended the gathering.

The presentation of AMA President-Elect, Dr. William G. Plested – a thoracic surgeon from Brentwood, California – "The Old AMA VS the New AMA," was the highlight of a dinner marked by socializing, good food, remembrances, past president reunions, recognition awards, and some education about the state and local medical liability situations.

Dr. Mark Sherman, President of HDMS, opened the evening's program with a welcome and introduction of the medical and legislative guests.

Announcement was made of upcoming events, including High School Dr. for a Day Physician Mentoring Program, Legislative Breakfast, Annual Meeting, and the Medical- Legal Forum.

Dr. Claudia Koppelman was introduced as the winner of the MMS, 2005 Award for Distinguished Service to the Massachusetts Medical Society, given by the Massachusetts Medical Society at its Interim Meeting held in Waltham this past November.

Dr. Thomas Magill was announced the winner of Hampden District's own Senior Volunteer Physician of the Year Award. Dr. Magill, who was unable to attend the meeting, will be presented his Award at the Annual Meeting being held on April 25, 2006, at the Springfield Country Club.

Dr. Alan Harvey, a former HDMS member, returned again this year, this time as President of the Massachusetts Medical Society, to give our members an update on MMS' activities.

By: Suzanne Skibisnki

Dr. Mark Sherman and Dr. Alan Harvey.

HDMS past presidents in attendance.

A Prescription for Physical Therapy

Physical therapy has become a viable and intricate prescription for healing of soft tissue injuries involving the musculoskeletal system. Healing time varies and the reality is, many patients have ongoing complaints of continuous or repetitive episodes of pain and loss of mobility that adversely affect their lives. As the prescription of medication affects the chemical gateway of pain, physical therapy can affect the musculoskeletal system on the mechanical level.

In the event of a tissue trauma, the initial response of hypertension in the muscles leads to restriction of circulation and the onset of tissue hypoxia and subsequently cellular breakdown. As this process continues, tissues can become fibrous. Adhesions can develop creating relative friction followed by painful irritation (1). Manual therapy is the jewel of physical therapists. Manual techniques can enhance the effectiveness of natural healing by improving connective tissue alignment, relative motion of adjacent structures and muscular tension. It has been my experience in the practice of physical therapy; the "hands on" approach is the key for successful resolution of injuries and restoring function. Active Release Techniques®, developed by Michael Leahy, D.C., CCSP of is one of the most successful management systems available for practitioners for treatment of ailments such as tunnel syndromes, tendonitis, TMJ, plantar fasciitis, cervical and back strains.

The traditional methods of treatment for pain, weakness and neurological symptoms have been injections, bracing, passive modalities, exercises and general stretching. There has been moderate success with these treatments however with the application of manual therapy; there can be another level of success achieved. A case study of a young female with carpal tunnel syndrome with symptoms of pain and numbness for three years was pain free with restored power grip in only five sessions of Active Release Techniques. This success was due to mobilizing the most common entrapment or compressive site of the median nerve at the pronator teres(2). In a broad study of greater than 250 cases, Dr. Leahy has documented over 96% success rate in an average of six visits for the treatment of carpal tunnel syndrome.

During the course of one's life, nine out of ten people will experience pain of the low back or neck. Historically, muscular strains of the low back and neck respond with moderate success to medications, rest and gentle exercises over the course of several weeks. Complimenting the treatment with techniques that lengthen structures such as the quadratus lumborum, iliopsoas, piriformis and multifidi will

improve the overall outcome of a traditional low back program. With the addition of manual therapy, many cases of low back pain in my experience have responded with greater than 50% reduction of pain and increased mobility within the initial two visits as documented on subjective reporting.

The premise of manual therapy, more specifically the Active Release Techniques which requires certification to ensure effective providers, is to provide relative motion of all connective, muscular, vascular and neurological tissues. Once soft tissues can function, as they should the application of traditional strengthening is both effective and essential to continue the rehabilitation process of restoring pain free normal movement, i.e. quality of life.

1. Scafrpelli DG, Chiga <. Cell injury and errors of metabolism. In: Anderson WAD, Kissane JM, eds, Pathology. 7th ed. St. Louis: C.V. Mosby, 1977:90-147.

2. Hartz CR, et Al. The pronator teres syndrome: compressive neuropathy of the median nerve. J Bone Joint Surg 1981; 63A885-890.

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An Opinion about Case Volume and Hospital Experience for Index Procedures in Massachusetts.

(On recent publication) (An excerpt of comments sent to Mr. Tim Murphy, Secretary of Health and Human Services for the Commonwealth of Massachusetts)

Physician volume data were recently published by the Commonwealth. I am concerned that this activity is a waste of time and energy on the part of the state, and it is somewhat misleading for the public.

Everyone in the surgical community knows that results improve with case volume, but only to a point, a threshold number of cases, after which increasing individual volume does not necessarily improve the outcome. The data ignore the fact that surgeons employ skill modules or component techniques, and a given operation will involve a sequence of these modules. A surgeon who does 50 or 75 lower extremity revascularizations per year but only 25 carotid endarterectomies is not necessarily less skilled or less safe in comparison with a surgeon who does 60 carotid operations and only 25 leg revascularizations. It is the global experience within the specialty that matters, in a sense, how many times each year the surgeon performs those skill modules. The state's data do not address this fact. I think that a better communication to the public would have involved establishing a level of case experience, above which a surgeon would likely have a higher level of competency. The list of surgeons could then note who has experience above or below that threshold

Alicia O. M. Ross, M.D. Clinician of the Year Award

The Hampden District of the Massachusetts Medical Society has named Enfield, Conn. resident Alicia O. M. Ross, M.D. the recipient of the 2006 Community Clinician of the Year Award. The award will be presented at the Hampden District Medical Society's annual meeting on April 25 at the Springfield County Club.

The Community Clinician of the Year Award was established in 1998 by the Massachusetts Medical Society to recognize a physician from each of the Society's twenty district medical societies who has made significant contributions to his or her patients and the community.

Dr. Ross, a 1963 graduate of Manila Central University College of Medicine in the Philippines, is board-certified in internal medicine with sub-specialties in hematology and oncology and is Medical Director of the Holyoke Medical Center Hematology-Oncology Services and the Holyoke Soldiers' Home Clinic.

In 1990, Dr. Ross served as a local leader in the establishment of Hospice Life Care, a non-profit organization dedicated to promoting hospice care and providing support and resources to hospice facilities throughout Massachusetts. Previously, she led an all-volunteer hospice program for Chicopee, Holyoke, Granby, and South Hadley communities.

In addition, Dr. Ross has volunteered with the American Cancer Society (ACS) for more than 20 years, holding several leadership positions throughout her involvement, including Medical Vice President for the former Greater Holyoke Unit Board of Directors and spokesperson.

"Dr. Ross is an invaluable member of the American Cancer Society community," said a nomination letter submitted by members of the New England Division of the ACS. "Her warmth, knowledge, and compassion make her not only an accomplished physician, but also a champion of cancer patients through Hampden County."

Dr. Ross has been a member of the Massachusetts Medical Society for more than 30 years serving in several positions including president of the Hamden District Medical Society (1994-1995). Currently she participates on the Massachusetts Medical Society's House of Delegates and Committee on Membership, as well as the Hamden District Medical Society's Executive Committee. She also chairs a high school 'Doctor for a Day' program. She has been honored with awards from several community groups including the ACS and the Western Massachusetts Girl Scout Council.

Dr. Ross will be recognized at the MMS, Annual Meeting being held in May and will accept her Award at the HDMS, Annual Meeting on April 24th.

By Suzanne Skibinski

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Then come the issue of case volume for groups of doctors and hospitals, asking the question whether that volume is associated with a safe outcome in general. For this, we need to look at the data for aortic aneurysm repair. I have had a long personal experience in thinking about the problem of hospital and doctor case volume and safety. In 1989, I had many informal discussions with Dr. Harvey Bernard at the Albany Medical Center about this problem. Then, Dr. Bernard was working with the Commissioner of Health in NY on the question of safety and cost of medical care. They were asking whether it should be permitted for certain types of surgery should be permitted by the state to be performed at smaller hospitals with small volume of experience. They thought, for example, that it made little sense for aortic aneurysm repairs to be performed at facilities with less than 10 cases per year because it appeared that the complication rates were higher, leading to higher costs for insurers. There was much discussion about how a state would restrict hospitals from allowing doctors to perform these uncommon procedures. Several issues were problematic: What law permits the state to discriminate against a small hospital? If a hospital is in an area with growing population, such that its volume is increasing overall, how can it develop a program for more complex care if it starts with a small volume? Is a program with restriction just a mechanism for established large programs to stay large and grow, thereby freezing out new programs? Instead, is the real need for hospitals and doctors with new programs to go ahead with them, with the understanding that their results will receive close scrutiny in terms of quality measures, generally requiring them to be equal to the already-established larger centers?

As applied to the current data from Massachusetts, there are other questions to be answered: What matters more for safety, the hospital or the group of doctors doing the surgery? For example, in Springfield, my group has done most of the aneurysm repairs at Mercy and all at Baystate. Does it then matter if the case volume is lower at Mercy? Is the surgery as safe? What is the role of the anesthesia, critical care, and nursing support?

In New York, the discussion of procedure restrictions was colored by the issue of access to care. If one closes out smaller hospitals, will people need to travel unreasonable distances in order to receive specialized care? On the other hand, do they actively want their care in a "center of excellence," even if that means traveling a longer distance? Again, we came to no conclusion in 1989, but Massachusetts is a smaller state, and people seem to adapt to the distances they must drive in order to get better care – at least they seem to do well here, where people commonly come to my office from North Adams, Great Barrington, Erving, and Southbridge. In other words, if ultimately the state policy were to restrict certain procedures from smaller hospitals, I do not think the public would be harmed.

Finally, the inclusion of cost data is ridiculous for Massachusetts. We practice medicine in a totally regulated environment. If one hospital is cheaper than another for a given procedure, the doctor has nothing to do with that, and the patient does not bear the cost difference, anyway. Insurance companies already have incentives to have surgery performed in less expensive facilities. Medicare and MassHealth pay hospitals whatever their rates are, so that is not an issue for the beneficiaries. Who cares if Mercy Medical Center is cheaper than Baystate? The state website did not indicate how those cost data were derived, whether on the basis of charges or real, hard money reimbursement. Perhaps the goal in presenting these data was to use cost as a surrogate for complication rates. If so, the data will be skewed by a variety of factors relating to how hospitals assign costs. It would be better to use direct measures of complications, such as mortality, if that is the goal. It is therefore patently obvious to me that the cost data should be left out of any future databases posted to the public.

By: Jeffrey L. Kaufman MD
Vascular Services of Western New England

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PHYSICIAN PRACTICE RESOURCE CENTER

The Massachusetts Medical Society's Physician Practice Resource Center continues to expand its presence in the physician community by providing helpful information and services through its practice management consulting services.

Our practice management consultant, Adam Shlager, is working with numerous physicians, practice administrators and office managers from Cape Cod to Springfield, assisting in the resolution of various issues, including practice workflow, IT implementation, practice financial concerns, HIPAA, evaluation of Practice Management systems/EHRs and IT education and implementation.

Mr. Shlager has presented a number of continuing education classes across the state and has developed articles for Vital Signs, a Massachusetts Medical Society publication. In addition, he has developed a section of the PPRC's website dedicated to Information Technology, with information and resources available for members who are embarking on the path to EHR adoption.

As we continue to develop these services, I invite you to contact the Physician Practice Resource Center with any questions you may have regarding your practice's operations and management.

Please feel free to contact Adam or Dana Cooper, Health Systems Manager and Certified Professional Coder (CPC) for additional information about the PPRC, or visit our website at www.massmed.org/pages/pprc.asp. You may also e-mail The PPRC at pprc@massmed.org, or call (781) 434-7702 or 800-322-2303, ext. 7702.

Please also keep us informed of any new developments in your practices. We will be happy to research and learn more about them.
By: Elaine Kirshenbaum, VP of MMS, Policy, Planning and Member Services.

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Baystate is one of New England's largest integrated multi-institutional health care systems and offers a coordinated continuum of hospital, physician services, and home health care services. The campus is located in the beautiful Connecticut River valley of Western Massachusetts, at the foothills of the Berkshires with convenient access to coastal New England, Vermont and metropolitan Boston and New York. The area also supports a rich network of academic institutions including the University of Massachusetts and Amherst, Smith, Hampshire and Mount Holyoke Colleges.

Baystate Medical Center, recently named one of America's 100 best hospitals, is the health system's flagship hospital and the Western Campus of Tufts University School of Medicine. It is the only ACS Level I designated trauma center with pediatric designation in Western New England. It has over 650 beds, 34 surgical suites, and approximately 2,000 trauma evaluations per year. Residency and fellowship programs include medicine, surgery, anesthesiology, radiology, pediatrics, obstetrics/gynecology, emergency medicine, and pathology. Baystate Medical Center serves as the regional referral center for Western New England.

Interested applicants should submit CV and cover letter to:

Gerda Maissel, MD, Medical Director,
Post Acute Medicine
c/o John Larson, Senior Manager,
Physician Recruitment
Baystate Health
759 Chestnut Street, Suite S1581,
Springfield, MA 01199
Phone: (413) 794-2571; Fax: (413) 794-5059
E-mail: john.larson@bhs.org EOE/AA

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WHAT IS MOHS MICROGRAPHIC SURGERY?

Frederic E. Mohs, M.D., then professor of surgery at the University of Wisconsin, developed the Mohs micrographic surgery technique in 1956. While this technique has been refined through the years, its goals have remained the same – to precisely excise all of the tumor, including roots that may be hidden to the naked eye, while preserving as much healthy tissue as possible.

Mohs surgery ensures that the entire tumor is removed for immediate microscopic examination of 100 percent of the surgical margin. If tumor is noted after initial excision, another layer of tissue is taken. This continues until a cancer – free plane is achieved.

Mohs surgery greatly diminishes the chance for cancer recurrence compared to other techniques.

At the same time, this technique produces smaller wounds and hence, offers improved wound reconstruction opportunities (i.e., smaller scars) because only tissue that contains cancerous cells is removed. This aesthetic benefit is of particular importance because the majority of skin cancers develop on highly visible areas of the body, particularly the face, which have received the greatest amount of sun exposure. (Other possible causes of skin cancer include x-rays, chronic ulcers/sinus tracts, burn scars, certain chemicals, and a compromised immune system, i.e., transplant patients.)

Dermatologists who perform this procedure take an additional year of fellowship training to learn this procedure. The physicians of New England Dermatology and Laser Center are now offering this procedure. This is the first time it has been available in Western Massachusetts. Prior to now, a patient had to travel to Worcester or Boston for this very important modality.

By: Dr. Ronald Nadel
New England Dermatology & Laser Center

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ETHICS AND PROFESSIONALISM Versus TRUTH and CONSEQUENCES

By, Claudia L. Koppelman, M.D.

Is the medical profession, which has been regarded throughout history as the most noble and ethical of all professions, in such crisis that even our ethical values and professionalism are in question?
The answer is yes and to such a degree that I hope this article acts as a warning to alert physicians. It contains facts, truth and the naked consequences of relinquishing responsibilities.

The Code of Ethics of our Profession is the standard of
Conduct, which defines the essentials of honorable behavior for the physician. As such, these are the principles, which define professionalism. In particular, the code emphasizes that physicians should uphold the standard of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character and engaging in fraud or deception. When physicians allow other entities to redefine our Code of Ethics to suit their own agendas, the foundation of medicine is destroyed.
This is unfortunately occurring by individuals within the medical profession. Your own ethical integrity and professionalism should take offense to the actions of others who are placing all physicians and the entire profession in jeopardy.

The following information is an honest and honorable communication to ALERT physician colleagues to the unprofessional and unethical physician activities occurring within our midst. Physicians who are not acting in the best interests of patients or the physicians they represent, specifically in their capacity of having been elected or appointed to office or committees and who have resorted to mistruths and deceit to propagate their own or institutional agendas.

Ethics and Professionalism depend on *YOUR* actions, as well as *YOUR* inaction.

Every single physician has the responsibility to protect our profession regardless of employment status.

A "job" does not carry out actions, people do.

An increasing assault on medical staff privileges is occurring due to **misuse** of the medical peer review process.

Institutional agents are using the medical peer review process to initiate corrective actions against colleagues who are considered detrimental to the goals of an administration. Those agents claim that taking action is warranted in 'the furtherance of quality healthcare' being rendered at the institution. As the action is not based on any real direct or indirect harm to a patient or the competency of a physician [which is the actual purpose of a medical peer review] the initial action evolves to label the physician as exhibiting "disruptive behavior," which in reality is only disruptive to the operations of the institution, i.e. administrative agendas.

Physicians with real disruptive behavior truly posing a danger to patients or the work environment should be helped by their colleagues, not condemned and disciplined to the point of destruction. Helping and healing others is what being a physician is all about, is it not?

This is not referring to valid issues where competency of a physician is truly being investigated and a legitimate medical peer review is being conducted, but rather the misuse, where non substantiated memos, misleading and false accusations are the method one, two or more physicians in a medical hierarchy employ to initiate an action. Across America this misuse is becoming a prevalent method to threaten physicians to resign or leave hospital staffs, to the point of "destroying" the physician colleague, solely because the victim physician appropriately advocates for patient safety, error reduction and correction of system failures, advocates for physicians and nurses, or is an economic competitor, which an institution would rather ignore, cover up, not correct, or eliminate because of money or corporate control.

These "misused medical peer reviews" are dependent on physicians from beginning to end. Only physicians, per most Medical Staff Bylaws, can bring forth a request for corrective action, which is the usual starting point. Those who are misusing the medical peer review process are successful for two reasons:

1) Reliance on apathy and negligence of physicians in carrying out their obligations and responsibilities when appointed to medical staff and peer review committees, who rubber stamp whatever is presented to them by the medical hierarchy without any questions; and

2) Making sure the victim physician's access to information pertaining to allegations is hindered or limited and is combined with measures specifically aimed to intimidate, harass and provoke the victim physician. Carrying out their daily duties within the institution is thwarted to the point they have no choice, but to retain counsel in order to defend themselves to prove their innocence.
Most Medical Staff Bylaws have already been corrupted by the mere fact that the accused victim must prove the allegations are untrue, rather than the accuser proving their allegations are true. And you thought this was America, where you are innocent until proven guilty.

Medical Staff Bylaws are a legal contract. Control in this matter is in the doctor's hands, but by approving Medical Staff Bylaws as written, without reading them, doctors have given up this "right" along with most of their ability to protect patients.

CMS Regulation states *"the hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital."*
[CMS § 482.22 Condition of participation: Medical staff.]

Medical Staff Bylaws, which restrict the responsibility of physicians, are not in patients best interests and negate the intent of the law that requires them. There is nothing more demonstrative of institutional control over its Medical Staff than Medical Staff Bylaws pertaining to Corrective Actions - Medical Peer Review and Policy Making.

Hospital attorneys have taken control over the medical peer review process. It is a done deal from initiation, regardless of the allegations. The outcome directed decision is obtained by whatever manipulation of "evidence" is necessary. Physician colleagues are simply being orchestrated by attorneys to gain the desired result the administration of an institution dictates, while the attorneys propagate their own income and cause financial ruin of the "victim" physician.

Hospital attorneys represent the interests of the Administration and not those of the Medical Staff, while physicians bear one hundred percent of the responsibility of voting for a Recommended Action and signing the documents.

At all points in the process, and especially once attorneys are involved, only a few key physicians truly know the extent of the deception being carried out.

Unbelievable, you may be thinking, but read on.

Serving on a peer review committee or Hearing Panel is a serious responsibility and not one to take lightly. Most who participate in the process are typically kept ignorant of the real details of the issue and probably have no idea of the extent of the sham to which they have been a party or the final damages their participation caused. Most physicians receive no prior advice or education pertaining to their role and responsibility, or potential consequences. Attitudes of physicians have been to relinquish their responsibility to the attorneys involved because the attorneys are getting paid to do the work and the physicians are not.

Physicians involved in the process typically accept the documents written by the attorneys as the truth, because the attorneys have access to "all" the information and supposedly represent 'justice'. The physicians on these committees do not carry out due diligence in reviewing the details of the matter themselves and blindly trust the few physicians in the medical hierarchy who have initiated the process.

This exemplifies how physicians have entrusted their individual responsibility regarding the validity of medical peer reviews, to outsiders and unethical physicians, which results in detrimental and even deadly consequences to a victim physician.

It is easier to put on blinders than admit a mistake, therefore the sham is propagated. The biggest component of the misuse is to hide behind the confidentiality of a medical peer review, which keeps the majority of physicians on staff shielded and oblivious to what is really occurring. When the 'competency' of a physician is not in question, it is not medical peer review.

Therefore, whose confidentiality is being protected? The physician's or that of the inappropriately acting agents of an institution?

Misuse of the peer review process is real and is supported by many experiences of physicians across the United States who has unfortunately had to endure the process. The details of each case may differ, but the circumstances and goals of misuse of the peer review process are the same and are cause for very real concern for the future of medicine and patient safety.

This is true and is not a hoax. "Legal" Misuse of the Medical Peer Review Process is being taught through seminars to hospital attorneys across America1. Hospital attorneys are even attempting to influence JACHO to remove the responsibility of quality healthcare from physicians all together.
Misuse of the process has happened and is happening in the Pioneer Valley and at other institutions in MA.

The saddest and most disturbing point is:

Misuse of the Medical Peer Review process can only happen ***by*** physicians, ***to*** physicians. Without physician participation and physician signatures it can not be accomplished. The ramifications of the misused process have far more serious consequences than simply resigning from a medical staff or relocating to another State. Aside from the unwarranted physical, mental and financial stress the entire ordeal causes a physician; their family, patients and other physicians and staffs with whom they work are also affected. Furtherance of quality healthcare actually is being sabotaged by the misused process resulting in negative repercussions throughout the healthcare system. In addition, reporting to the State Board of Registration in Medicine and the National Data Bank is required, which brings the stress of the ordeal to another level and leaves irrevocable damage.

Reiterating the importance of the subject;

Ethics and Professionalism depend on your actions and your inactions. Every single physician has the responsibility to protect our profession regardless of employment status. The law of unintended consequences prevails and results in negative furtherance of quality healthcare. Every action has a reaction, which physicians can not ignore. It affects us all. **A "job" does not carry out actions, people do.**

Take your responsibility to the profession seriously, especially if appointed to sit on a Medical Peer Review Committee. Participation in any component of the process makes you as responsible for the outcome as those who decide the Final Action. Only physicians can be held accountable for misusing the Medical Peer Review process, because without physicians there is no medical peer review in the first place.

Misuse of Medical Peer Review is happening to some of the most ethical, professional and knowledgeable physicians you know, by colleagues who they trusted.

By colleagues, whose fear of an 'administration' and loss of their own livelihoods takes precedence over their integrity and responsibility to stand up for professionalism and the truth. Once integrity is given up, it is gone forever. It can not exist only behind the exam room door.

The Health Care Quality Improvement Act of 1986 was enacted to give immunity from monetary damages to those who participate in legitimate medical peer review processes. Divergence from the intent of the law is unfortunately being generated by the legal profession to achieve alternative objectives. The abuse is allowed, because accountability for the misused action is essentially nonexistent. The laws are not equitable in America, but physicians themselves are enabling this injustice to begin in the first place.

The MMS is exploring how best to conduct a survey to determine the effect misuse of the medical peer review process, including threats to bring corrective actions, is having on the decreasing physician workforce in the Commonwealth and how the MMS can best support physicians who feel they are victims.

Anyone who has questions requires information or consultative services regarding this matter please feel free to contact me.
clkmd@massmed.org or call my office.

For more INFORMATION & STORIES of PHYSICIAN VICTIMS all across the nation check out the following site:
WWW.PEERREVIEW.ORG The Center for Peer Review Justice

[1]Inform yourself: Dans le pays des aveugles, les borgnes sont rois.
In the Land of the Blind, the one-eyed man is King
Law and Medicine
The War Is On: Why Your Medical Staff Needs to Incorporate and Obtain Its Own Independent Counsel
Charles Bond, Esq.
Medscape General Medicine 6(1), 2004. © 2004 Medscape
Posted 03/22/2004

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COMBATTING THE PHYSICIAN SHORTAGE

By: Gary L. Fialky, Esquire and Martin C. Dunn, Esquire

Almost anyone who has sought medical services in Western Massachusetts lately can attest in many instances to waiting months for even the most routine appointments. While this can, to a certain degree, be attributed to the desirability of the particular physician, it is more often than not due to the general shortage of doctors in our region. Organizations such as the Massachusetts Medical Society, which keeps a close eye on the physician labor market, have long since identified a severe and critical shortage in the Massachusetts physician labor market, and the situation is predicted to worsen in Massachusetts over the next 20 years.

Fingers are often pointed at the legal community with their naturally litigious nature as one reason why physicians are dissuaded from practicing in the state. High malpractice insurance premiums are the byproduct of such litigation. Alternatively, the legal community argues that if not for physician carelessness, malpractice insurance would not be so frequently utilized, and that the threat of litigation may have the effect of improving the quality of care.

Regardless of which side of the argument you may find yourself, the physician shortage affects us all. Hospitals, large private practice groups and clinics must therefore have ongoing physician recruitment programs in order to meet patient demand and to ensure the continuity and existence of the organization. Before embarking on any such recruitment effort, organizations need to establish a common sense recruitment approach that includes determining the organization's recruitment objectives, employs various recruiting sources, assesses whether the candidate is a good fit for the organization, and has personnel in place to clearly explain employee benefits to candidates.

Incentive packages are often successful tools that may be utilized in physician recruiting. Reimbursement for relocation expenses, payable if the physician stays for a predetermined amount of time, may be an attractive incentive. Another option may be a bonus, also to be paid if the physician remains for a certain period of time. A third attractive incentive is the extension, by the employer, of a low interest loan to assist the physician's purchase of a home by providing a down payment. These and other packages have been used successfully by many organizations.

While legal problems often arise due to questionable hiring decisions, organizations can sometimes find themselves in hot water from the outset by asking the wrong types of questions of potential employees. If your hiring staff is not familiar with the law, they are strongly encouraged to review the information provided by the Massachusetts Commission against Discrimination (MCAD) and found at its website, prior to posing what may be an improper battery of questions to candidates in an interview or on an application.
(Go to: www.mass.gov/mcad/preemployfactsht.html)

Before starting the recruitment process, your organization needs to identify what type of physician it is seeking; i.e. a staff physician, physician partner or potential partner. The methods you utilize to find your next employee could vary depending on the role he or she will be playing in your organization. In addition, the new employee's affect on your budget needs to be identified early on. A new doctor often means additional professional and administrative staff support as well as extra burdens on space and equipment.

The best way to ensure hiring the best possible employee for your organization is to have a well thought out hiring program in place. Your organization needs to have a manpower plan that identifies the number and types of doctors it requires, now and in the future, broken down by specialty if necessary.

Your organization also needs to mobilize adequate resources for the recruitment process. This means having enough money set aside to fund the effort and also to hire competent, experienced internal or external recruiters. Organizations sometimes make the mistake of delegating this task, at least at the earliest stage, to a lower level administrative employee. Unfortunately, you run the risk of missing out on a good potential candidate due to lack of proper knowledge on the part of the screener. You may also lose a great candidate for lack of a timely response from your staff.

Like any good marketing campaign, your efforts should employ a variety of tactics. Networking among colleagues and physician groups is one of the most effective ways to attract new physicians and obtain leads as to out-of-area candidates. Organizations frequently look outside the United States for potential candidates, or attempt to recruit foreign physicians completing programs in the United States. If you are considering such an applicant, you need to be aware of the immigration procedures necessary to put someone on your payroll.

Generally speaking, due to the physician shortage, organizations do not need to go through the extensive "labor certification process." This is the procedure in which an employer proves to federal and state authorities that there are no suitable candidates who are United States citizens or lawful permanent residents. However, although sidestepping this lengthy procedure is an ironic benefit of the physician shortage, not all foreign candidates can be easily and quickly hired because of their individual immigration status. You should consult with an experienced immigration lawyer before making an offer to a foreign candidate.

Once you have spent the time and money to attract and hire your chosen candidate, you should monitor them during an initial two or three year period. Professional and, to the extent possible, personal issues that may result in their leaving the practice, should be identified and addressed.

When physician recruitment programs are properly developed and managed, organizations can achieve outstanding results. Successful programs can enable employers to recruit the desired number and quality of physicians, while retaining those physicians for years to come and perhaps avoiding costly litigation in the future due to a bad hiring decision.

Gary L. Fialky is chairman of the firm's Corporate Department. His practice is concentrated in Business and Banking Law, with an emphasis on business formations, as well as the purchase and sale of businesses and the representation of physicians, medical groups and financial lending institutions. He may be reached at 413-781-0560 or gfialky@bacon-wilson.com.

Martin C. Dunn, Esquire is an associate with Bacon & Wilson, P.C. He is a general practitioner who possesses expertise in the areas of immigration law, real estate, commercial business transactions, contracts and agreements. He can be reached at 413-781-0560 or mdunn@bacon-wilson.com.

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HIGH SCHOOL DOCTOR FOR A DAY MENTORING PROGRAM

On Thursday, April 6th, 42 students and 42 physician mentors participated in the High School Dr. for a Day program.

Dr. Alicia Ross, Chair with Students and Doctor Mentors

The High School Doctor for a Day Program is an educational opportunity designed to provide a mentoring experience for serious high school juniors and seniors who are science oriented. The High School Doctor for a Day Program is modeled after Girl Scouts of Today – Physicians of Tomorrow, a program which was launched in June, 1995 to foster mentoring relationships between young women and local physicians.

These are critical decision-making years for the students who have expressed an interest in medicine, and who want an inside look into the complex health care environment.

The students met at Holyoke Hospital for a 7:30 AM Orientation Breakfast where they were introduced to their physician mentor.

In her welcoming remarks to the students, Dr. Alicia Ross, Chair said, "Think of all the doctors you have met- probably the first hands that touched you were the confident hands of a doctor. Then there were the doctors who got you through those sore throats, broken bones, stomachaches, cuts, burns, and fevers. A doctor might even have saved your life or the life of someone you love.

The doctors you know seem wise, confident, and in control. But once they were just like you – a high school student – scared, excited, confused, wondering what the world has to offer. Since then, your doctors have traveled a long, challenging, and exiting road. They've seen and done awesome things. They're often been tired, but hardly ever bored. Somewhere inside you there is a spark of interest in medicine, or you wouldn't have signed-up for this program. You may be wondering whether you have what it takes to make it in one of the worlds most honored and rewarding professions. We hope your experience today will answer some of your questions".

At the end of the day, the students returned to Holyoke Hospital for a Debriefing Program where they shared their day's events and were treated to a pizza party.

42 students witnessed the actual practice of medicine and the complexities involved in providing patient care.

Thank you to all Hampden doctors who volunteered their time to become mentors for a day.

By: Suzanne Skibinski

ADVOCATE OR ABDICATE

Dr. Jerry Schreibstein

On March 7th, I joined 300 otolaryngologists from around the nation, including 60 residents, as a "lobbyist" for our specialty, the house of medicine, and our patients on Capitol Hill. This was at least my sixth or seventh year participating in the American Academy of Otolaryngology-Head and Neck Surgery's Washington Advocacy Conference. The 4 day conference, which precedes our Hill visits, gives the participant an opportunity to understand the socioeconomic aspects of our specialty, while gaining insight into the political process. Veteran participants are each assigned residents to mentor. Each resident receiving a travel grant from the AAO-HNS is required to bring a member of their faculty. I found myself not only mentoring a resident from the Boston University Program (my alma mater), but also her residency director, who happened to be my chief resident when I was a medical student. Needless to say, I found it quite enjoyable introducing my "professor" as a first time attendee.

The program gave us exposure to a diverse group of legislators, lobbyists, political analysts, and potential candidates. Senator Harry Reid (D-NV), Minority Leader, was the keynote speaker at our political action committee reception. He talked about the need for a permanent fix to the SGR formula for Medicare payment, the budget crisis, and Nevada's successful tort reform. Rep. Sue Kelly (R-NY) spoke from the heart about reversing insurance company denials for medically necessary reconstructive surgery for craniofacial anomalies. She introduced H.R. 1000, the Treatment of Children's Deformity Act of 2005. As a specialty that treats children with craniofacial deformities, we are actively supporting this bill and the Senate companion S.1132. Amy Walter, Senior Editor and Political Analyst for the Cook Political Report, tried to put into historical perspective the upcoming mid-term Congressional elections. She also gave us her opinions on potential candidates for the 2008 Presidential election. These are just a sampling of the stimulating speakers and leaders we were fortunate to meet.

The legislative issues confronting my specialty are not dissimilar from other surgical subspecialties and the general medical community. The AAO-HNS is supporting a permanent fix to the Medicare Physician Payment Formula, passage of comprehensive medical liability reform (H.R. 5, already passed, and S. 354, still pending) and increased funding for the NIH. We are also concerned about the inappropriate expansion of the scope of practice of audiologists and speech pathologists, who continue to attempt to eliminate the Medicare "physician referral requirements" and, therefore, are opposed to several bills (H.R 3795, H.R.415, S. 277).

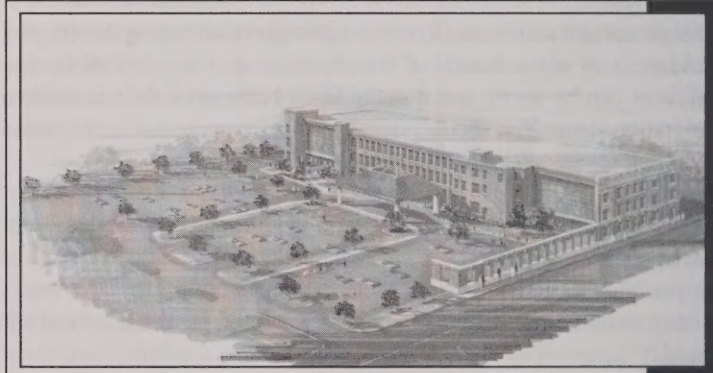
On the afternoon of the 7th, our delegation from Massachusetts, consisting of 5 attending surgeons and 3 residents, met with representatives of Senators Kerry and Kennedy. Individually we met with our congressional representatives or their staff to give them personal stories about how the above issues affect our daily practice and our patients. Having made numerous trips to Congressman Neal's office, I felt quite at home visiting with him and his staff. The resident accompanying me was impressed at how easy it is to present issues to our elected representatives. Congressman Neal also sponsored a reception, in the Rayburn House Office Building for our Academy. This was attended by over 30 Representatives from around the country. This gave us an informal opportunity to build our relationships and meet influential leaders.

As a result of the efforts of our Massachusetts delegation, the next day Senator Kerry's office agreed to sign on as co-sponsor of Children's Deformity Act. My colleague from Boston, a pediatric otolaryngologist and first time attendee, was pleasantly surprised when he received the e-mail from Kerry's domestic policy director. I challenged him to continue the dialogue he opened and use it throughout the year, not just on annual lobbying trips to Washington.

I encourage all physicians to get to know their elected representatives and staff, both in their Washington offices and here at home. It is a powerful statement when doctors get involved in the political process. Notoriously we are frequently absent from the legislative process that affects the way we practice. We need to build long term relationships and develop a strategy to advocate for ourselves and our patients.

It's your choice: Advocate or Abdicate!

Jerry Schreibstein MD FACS
Ear, Nose & Throat Associates of Springfield
Past-President Massachusetts Society
of Otolaryngology-Head & Neck Surgery



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2005-2006 SENIOR VOLUNTEER PHYSICIAN OF THE YEAR

Dr. Thomas Magill
Nominating Letter from Dr. Nicholas Coe

I understand that Thomas Magill, MD, has been nominated for the honor of Senior Volunteer of the Year. I can think of no one more deserving than Tom Magill. He has a superb track record of working with this teaching program on a voluntary basis for many years.

Dr. Magill is responsible for running Chief's Rounds. This is a conference where a case is presented and then the management is explored. Dr. Magill has a very special skill at being able to tease out all sorts of different difficulties that resident might encounter and then lead them through the way out of that particular difficulty. I am sure you can see how valuable this is for the residents to encounter these problems in a conference setting rather than in real life. Dr. Magill can always be relied on to be an examiner for student and resident oral exams. This activity alone can run into many hours of very tiring and arduous intellectual activity. He also volunteers to give mock orals to students and residents before the actual exercises and has volunteered to help faculty facing their certifying examinations. Dr. Magill attends every Mortality and Morbidity conference when he is in town. At this session, complications are discussed and once again, Tom can be relied on to come up with the exact pithy questions that are waiting, unvoiced, on the tongues of many more reticent attendees. Dr. Magill regularly gives his time to interview resident applicants and has also been a regular examiner at the Oral Exam and Communication Skills Course run through Dartmouth Medical School. This is a national course which has a very high rate of success in remediating surgeons who are experiencing difficulty with the Certifying Examination, and the examiners like Dr. Magill are crucial to the success of the program.

Overall, Dr. Magill is as active in his participation in this residency program and all the offshoot endeavors as a full time faculty member. But he does it because he knows he can help and does this all as a volunteer.

Once again, I can think of no one who would be more deserving, and it is an honor to support Tom's nomination.

Yours sincerely,
Nicholas P. W. Coe, MD
Baystate Medical Center

The Hampden District Medical Society has added Dr. Thomas Magill to the distinguished roster of the HDMS Senior Volunteer Physicians and congratulates and thanks Dr. Magill for donating his time.

Dr. Magill will accept his Award at the Annual Meeting being held on Tuesday, April 25, 2006 at the Springfield Country Club.

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13th ANNUAL MEDICAL-LEGAL FORUM For PHYSICIANS and ATTORNEYS

WEDNESDAY, MAY, 31, 2006

SPEAKER: MARGARET MITCHELL

CHIEF JUSTICE, MASSACHUSETTS SUPREME COURT

The Log Cabin Meeting House

6:00 P.M.
Registration & Social Hour
7:00 P.M. Dinner & Forum

Member & Non-Member Fee:
$37.50
To register call:
736-0661

BREAKFAST SERVES UP HEALTH ACCESS AND LIABILITY REFORM

Steve Shestakafsy, Director of State Legislation, MMS

Annalise Fonza, aide to Representative Benjamin Swan, and Representative John Wagner

Representative Michael Knapik and Dr. Steve Metz, Chair HDMS Legislative Committee

The annual Legislative Breakfast of the Hampden District Medical Society on March 10th featured discussions of two major areas of concern for physicians and their patients: The need to expand health insurance coverage to the over 500,000 uninsured in Massachusetts, and, the need for professional liability insurance reform.

The meeting, which was attended by a bi-partisan mix of legislators and State House staffers, was chaired by HDMS Legislative Committee Chair Dr. Stephen Metz. I assisted with regard to technical support on the bills which were discussed.

Last November, the House and Senate passed differing versions of legislation to expand health insurance coverage. While there were similarities in the measures – including a commitment to increase Medicaid reimbursement rates for physicians – significant differences in scope and payment mechanisms had prevented the House-Senate Conference Committee from succeeding in its efforts to reconcile the two versions. Failure to do so would jeopardize about $385 million in federal Medical matching support for the Commonwealth's health care system. The physicians stressed the importance of expanding insurance coverage to all patients, noting that health insurance coverage was also predictive of better health outcomes. They explained that Medicaid reimbursement does not cover the cost of seeing those low-income patients most at-risk.

The Legislators were thanked for lowering the pre-judgment interest rate in professional liability suits at the last State House session. I advocated for further reforms at the current session. In addition to the array of "MICRA"-type reforms traditionally sought, I urged consideration of legislation that would prevent physicians' apologies or statements of regret following negative health outcomes to be inadmissible in subsequent lawsuits. Experience has taught that often patients start litigation, because they fee disrespected by clinicians who do not apologize or show sympathy for negative outcomes; however, clinicians are advised to say nothing lest their statement of regret be used against them as an admission of liability.

Attendees included Senator Michael Knapik (R-Westfield) and Representatives Mary Rogeness (R-Longmeadow) and Joseph Wagner (D-Chicopee), as well as legislative staff from the offices of Representatives Gale Candaras (D-Wilbraham), Donald Humason (R-Westfield), Michael Kane (D-Holyoke), Thomas Petrolati (D-Ludlow) and Annalise Fonza, Aide to Representative Benjamin Swan (D-Springfield).

By: Steve Shestakafsy
Director of State Legislation
Massachusetts
Medical Society

Message from HDMS Trustee:

In May, my term of responsibility as Hampden District's Trustee or Alternate Trustee to the Massachusetts Medical Society Board of Trustees-Directors comes to an end.

It has been an honor to have served as your representative the past eleven years, advocating on behalf of your interests in Waltham, within the context of serving on the MMS Board of Directors. I have also represented all physicians interests and have seen and contributed to the mission your colleagues in organized medicine are trying to accomplish, but I have also witnessed that mission be negated by the apathy found in our profession.

The MMS is a remarkable organization with an honorable mission. As a member organization that mission can only be successful if supported by those it represents. Therefore, I am taking this opportunity to try to convince you, my peers and colleagues, that the enemy is not the outside world. Physicians and how physicians have reacted to the outside environment are the enemy. Unless physicians stop dismissing their responsibility to the profession, soon there will not be much left from which to salvage.

All of the "adaptations" to the increasing stress we experience in the practice of medicine and the entire healthcare system are the unintended consequences of decreasing reimbursements and increasing bureaucracy.

It has been capitalism at its worse for patients and physicians. An ongoing charade is the tremendous shift of money away from those providing care, into the hands and pockets of those who are creating new and novel ways of "pretending" to correct the errors in a system they are actually destroying, with no end in sight.
The domino effect will unfortunately continue until there is no more to take.... or no one left from which to take.

As an idealist, I accept the fact that more disappointments will be experienced than triumphs celebrated when others do not understand the full scope of visions being projected, but sometimes great things happen when people stop to actually listen to the message and not shoot the messenger.

The future of medicine is the responsibility of each and every physician regardless of employment status. A "job" does not carry out actions, people do.

Survival of our ethical values and professionalism, as well as the safety of patients depends on your actions as well as your inaction on a daily basis.

Professionally yours,
Claudia L. Koppelman, M.D.
HDMS Trustee 2000 - 2006
HDMS Alt. Trustee 1995 - 2000
HDMS Past President 1998 – 2000

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'END OF WHY"

Essay by, Claudia L. Koppelman, MD

There is a reason why things happen as they do. Although we sometimes have a difficult time understanding the "why" behind some events, especially those which make no logical sense, we continue to try and put reality into perspective.

To accept the reality in which we live, we define the understandable and search for answers to the incomprehensible. This is the beauty of being human. The inquisitive human mind continuously evolves as a result of experiencing life.

This powerful expression of our curiosity and search for truth and answers determines the path in life we walk.
Through the experiences we share as we travel through time, our journey is defined and the tapestry of life is woven. We all are threads of that tapestry, some strong, some weak, some bright and some dull. No matter the quality, those threads intertwine and create the strength and pattern of the fabric as a whole.

As such, we each touch the lives of many people in ways we can never fully imagine. We touch the lives of people we have never met and even people who are yet to be born as our journey through time leaves its impact within the tapestry.

For those in leadership roles, the choices made bring strength and unity or frailty and disharmony to the fabric of life. The extent each choice influences the developing bolt has ramifications that affect the entire tapestry. Approaching decisions with a panoramic view, considering potential benefits as well as negative effects, can help ensure mankind's future.

The questions faced are; do we weave fragments and areas of open weave destined to weaken and destroy the tapestry simply for quick results for which only a few benefit, or do we strive to weave solid patterns giving strength and longevity to the fabric.
Do we support all the threads of the tapestry or only choose those we feel are worthy of being woven into life's tapestry?

These questions have already been answered by each civilization that has come and gone, and yet the significance of the decisions made by their leaders has not served as insight for future societies to alter their approach to choices.

Although development in technology and society dynamics advances as time continues, the basic character of humans remains governed by primitive instincts. The failure to evolve the primal human traits of survival in conjunction with each civilization's advances leaves a discord of powers that grows stronger with each generation, which will ultimately lead to the tapestry's destruction.

By observing how political environments thrive it is easily seen how the actual needs of a society are lost to the needs of those in power. Primal survival traits take over, and competition, greed and control over others become the foundation upon which choices are made.

Although it is convenient to trust that those who have risen to levels of power have integrity and the interests of those they lead foremost in the making of decisions, in reality this is only an assumption. Throughout history this assumption has proved to be a passive excuse for relinquishing the responsibility of all to question details, challenge rationales, and demand accountability. It is this apathetic method of living life that creates the environment where primal traits emerge, the weak are suppressed and laws are created to safeguard those in power; who now are protected and immune to anyone who challenges their actions.

In fact, so convinced of their invincible stature, they become careless in their arrogance of superiority, which with time ultimately destroys their authority and their civilization.

Will mankind ever evolve or will there come a day when no one will be left to see the sun rise, or ask the question, why?

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CHIEF JUSTICE, MASSACHUSETTS SUPREME COURT

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6:00 P.M. Registration & Social Hour • 7:00 P.M. Dinner & Forum

Member & Non-Member Fee: $37.50

To register call: 736-0661

The fall edition of "The Hampden Hippocrat" will be published in September/October 2006. Articles, announcements, interesting stories and information to share with HDMS members may be submitted for publication consideration to:

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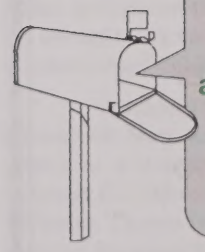

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